



**STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
FINANCIAL AFFAIRS SECTION / ANALYTICAL UNIT 0576  
500 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243  
(615) 741-1670**

**TO: PREPAID LIMITED HEALTH SERVICES ORGANIZATIONS TRANSACTING BUSINESS IN THE  
TENNCARE PROGRAM OF THE STATE OF TENNESSEE**

**RE: FILING STATEMENT OF PREMIUMS AND FEES FOR TAXATION**

**Following you will find tax form for filing "Statement of Premiums and Fees for Taxation" for the period  
January 1 through December 31.**

**PLEASE NOTE:** All such taxes shall not be considered as paid on or before March 1 unless the tax return and payment are actually received in the department on or before March 1, except that a tax return with payment will be considered "timely filed" provided such premium tax return and payment bears a **United States Post Office Cancellation Mark** stamped on the envelope of no later than March 1. A company meter date or postage stamp **will not** be acceptable as competent evidence that the tax return was timely filed if the tax return is received in the department after the due date, unless it is cancelled over by the U.S. Postal Service. It is advised, if your company feels the tax return may be received in the department after March 1, that certified mail with a U.S. Postal Cancellation Stamp on the receipt be obtained, a certificate of mailing, or request that the U.S. Postal authorities cancel over the postage in your presence. Based upon past experience, the U.S. Post Office does not always cancel over company metered mail. **No grace period will be allowed for late filing of the premium tax return.**

Premium tax returns and payments thereon must be mailed to a separate post office box number. Any other materials or forms which do not pertain to premium taxes should be sent under separate cover. **DO NOT** include the Statement of Premiums and Fees for Taxation in the Annual Statement mailing.

The address for **PREMIUM TAX RETURNS** is as follows:

TENNESSEE DEPARTMENT OF COMMERCE AND INSURANCE  
Division of Insurance  
P.O. Box 198983  
Nashville, TN 37219-8983

HOWEVER, PLEASE NOTE: If the tax return is mailed via overnight courier, the following address should be used:

TENNESSEE DEPARTMENT OF COMMERCE AND INSURANCE  
FINANCIAL AFFAIRS SECTION / ANALYTICAL UNIT 0576  
ATTENTION: PREMIUM TAX SECTION  
500 James Robertson Parkway, 4th Floor  
Nashville, TN 37243

Any questions should be directed to the department's, Tax Audit Section, phone (615) 741-1670.



STATE OF TENNESSEE  
THE DEPARTMENT OF COMMERCE AND INSURANCE  
P.O. BOX 198983  
Nashville, TN 37219-8983  
(615) 741-1670

**STATEMENT OF PREMIUMS AND FEES FOR TAXATION**  
**(To be Filed On Or Before March 1)**

**PREPAID LIMITED HEALTH SERVICES ORGANIZATIONS**

**FOR DEPARTMENT USE ONLY**

1.4 \_\_\_\_\_

Company Name	Contact Person	Posted by	
Address (No. & Street)	E-Mail Address	Calendar Year	NAIC CO.CODE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
City, State & Zip	Phone Number/ Fax number	Date Admitted to TN	Domiciliary State

	Premiums	Tax
1. Premium Tax (2.00% of all TennCare dollars collected from an enrollee or on enrollee's behalf during the calendar year immediately preceding)	\$	\$
2. Amount Paid Tennessee Department of Commerce & Insurance Previous Three Quarters		(\$ )
3. Total Tax Amount Due (Line 1 minus Line 2)		\$

Make remittance payable to: TENNESSEE DEPT. OF COMMERCE & INSURANCE

**STATEMENT OF PREMIUMS AND FEES FOR TAXATION MUST OBTAIN ORIGINAL SIGNATURE AND NOTARY**

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, do hereby make oath that I am \_\_\_\_\_  
(Officer's Name) (Official Title)

of the \_\_\_\_\_  
(Company Name)

and that the foregoing Statement of Premiums and Fees for Taxation is true to the best of my knowledge, information and belief.

\_\_\_\_\_  
Signature of Officer

\_\_\_\_\_  
Notary Public

Subscribed and Sworn before me \_\_\_\_\_

(SEAL)

Date

My commission expires \_\_\_\_\_

Date